2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2011
Secretary of State

DOCUMENT# N97000002833

Entity Name: GOLDEN RETRIEVER RESCUE OF MID-FLORIDA, INC.

Current Principal Place of Business:

660 E. CHAPMAN ROAD
OVIEDO, FL 32765 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1449
GOLDENROD, FL 32733 US

New Mailing Address:

FEI Number: 59-3456998 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DURHAM, BARBARA A
660 E. CHAPMAN ROAD
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: DURHAM, BARBARA A
Address: 660 E. CHAPMAN ROAD
City-St-Zip: OVIEDO, FL 32765

Title: V
Name: DUKE, RENEE
Address: 277 S RIVERWALK DR
City-St-Zip: PALM COAST, FL 32137 US

Title: T
Name: LAWRENCE, BILL
Address: 1138 SHAFFER TRAIL
City-St-Zip: OVIEDO, FL 32765

Title: S
Name: MCGOVERN, MARCIA
Address: 110 GOLFSIDE CIRCLE
City-St-Zip: SANFORD, FL 32773

Title: D
Name: ABBY, LEE
Address: 5028 CLAYTON COURT
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: D
Name: ELMAN, KIMBERLY
Address: 1542 PAPOOSE WAY
City-St-Zip: LUTZ, FL 33559 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BARBARA A DURHAM P 04/16/2011

Electronic Signature of Signing Officer or Director Date